

<i>SERFF Tracking Number:</i>	<i>MUTM-125659242</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39045</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS05I.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - AFN41186</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/AFN41186</i>		

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement      SERFF Tr Num: MUTM-125659242 State: ArkansasLH

Advertising - AFN41186

TOI: MS05I Individual Medicare Supplement -      SERFF Status: Closed      State Tr Num: 39045

Standard Plans

Sub-TOI: MS05I.001 Plan A

Co Tr Num: SALLY HESS

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sally Hess

Disposition Date: 06/18/2008

Date Submitted: 05/20/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: AFN41186

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

AFN41186

SERFF Tracking Number: MUTM-125659242 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045  
Company Tracking Number: SALLY HESS  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Medicare Supplement Advertising - AFN41186  
Project Name/Number: Medicare Supplement Advertising/AFN41186

AFN41186-1 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. These forms are new and are not intended to replace any previously approved forms. They will be used with appropriate approved forms in your state.

We request that any wording such as the Agent's Name, Phone Number and Address in brackets be considered variable. We have also enclosed a Memorandum of Variable Material describing all other variable items.

This advertisement is in final print form.

Sincerely,

Mike Trebold  
Product &Advertising Compliance Consultant  
Regulatory Affairs  
Phone: 402-351-2435  
Fax: 402-351-5298  
E-mail: advfilings@mutualofomaha.com

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## Company and Contact

### Filing Contact Information

Mike Trebold, Product & Advertising Compliance Consultant  
Regulatory Affairs  
Omaha, NE 68175

mike.trebold@mutualofomaha.com  
(402) 351-2654 [Phone]  
(402) 351-5298[FAX]

### Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Created by SERFF on 06/18/2008 11:32 AM

## Filing Fees

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	05/20/2008	20416677

SERFF Tracking Number:	MUTM-125659242	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	39045
Company Tracking Number:	SALLY HESS		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Medicare Supplement Advertising - AFN41186		
Project Name/Number:	Medicare Supplement Advertising/AFN41186		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/18/2008	06/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	06/06/2008	06/06/2008	Sally Hess	06/17/2008	06/17/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125659242</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39045</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - AFN41186</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/AFN41186</i>		

## **Disposition**

Disposition Date: 06/18/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125659242 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans

Product Name: Medicare Supplement Advertising - AFN41186

Project Name/Number: Medicare Supplement Advertising/AFN41186

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Memorandum of Variability	Filed	No
Supporting Document	Memorandum of Variability		No
Form (revised)	Self-Mailer, Reply Card	Filed	No
Form	Self-Mailer, Reply Card		No

SERFF Tracking Number: MUTM-125659242 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045  
Company Tracking Number: SALLY HESS  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Medicare Supplement Advertising - AFN41186  
Project Name/Number: Medicare Supplement Advertising/AFN41186

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/06/2008  
Submitted Date 06/06/2008  
Respond By Date 07/07/2008  
Dear Mike Trebold,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Self-Mailer, Reply Card (Form)

Comment: Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove the "Age" column, as it would not be appropriate.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/17/2008  
Submitted Date 06/17/2008

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: Please see cover letter below and the attached revised and annotated advertisement and Memorandum of Variability.

NAIC #261-69868  
FEIN #47-0322111  
United of Omaha Life Insurance Company



SERFF Tracking Number: MUTM-125659242 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045  
Company Tracking Number: SALLY HESS  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Medicare Supplement Advertising - AFN41186  
Project Name/Number: Medicare Supplement Advertising/AFN41186

**Medicare Supplement Advertising  
AFN41186**

Dear Ms. Fowler:

Thank you for your review of the above-captioned form previously submitted to your Department on May 20, 2008. This letter is in response to your letter dated June 6, 2008.

You indicated, Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove the "Age" column, as it would not be appropriate. -- We removed the "Age" column as requested.

Your further review and approval of this submission will be most appreciated. If I may be of additional assistance, please feel free to contact me.

Sincerely,

Mike Trebold  
Product & Advertising Compliance Consultant  
Regulatory Affairs  
Phone: 402-351-2435  
Fax: 402-351-5298  
E-mail: advfilings@mutualofomaha.com

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**Related Objection 1**

Applies To:

- Self-Mailer, Reply Card (Form)

Comment:

Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove the "Age" column, as it would not be appropriate.

**Changed Items:**

**Supporting Document Schedule Item Changes**

SERFF Tracking Number: MUTM-125659242 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045  
 Company Tracking Number: SALLY HESS  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: Medicare Supplement Advertising - AFN41186  
 Project Name/Number: Medicare Supplement Advertising/AFN41186

Satisfied -Name: Memorandum of Variability  
 Comment:

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Self-Mailer, Reply Card	AFN41186		Advertising	Revised	AFN41186		AFN41186
	,				-		(annotated
	AFN41186				Annotated		).pdf,AFN
	-1				and		41186 -
					Revised		CLEAN.pdf

### Previous Version

Self-Mailer, Reply Card	AFN41186		Advertising	Initial			AFN41186
	,						.pdf
	AFN41186						
	-1						

No Rate/Rule Schedule items changed.

Sincerely,  
 Sally Hess

SERFF Tracking Number: MUTM-125659242 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39045

Company Tracking Number: SALLY HESS

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans

Product Name: Medicare Supplement Advertising - AFN41186

Project Name/Number: Medicare Supplement Advertising/AFN41186

## Form Schedule

Lead Form Number: AFN41186

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	AFN41186-1	Advertising	Self-Mailer, Reply Card	Revised	Replaced Form #: AFN41186 - Annotated and Revised Previous Filing #: AFN41186		AFN41186 (annotated).pdf AFN41186 - CLEAN.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## See what you could save!

United of Omaha Life Insurance Company's Medicare supplement insurance policies sold in your state are identical to other companies' plans, except for one thing: **Our premiums may be lower.**

For costs and details about United of Omaha's Medicare supplement insurance policies please complete and return the postage-paid Information Request below. I look forward to helping you.

Sincerely,

[agent's name]  
[phone number]  
[address]

### Compare what you're paying to United of Omaha's rates:

Plan [Name]	Monthly Premium*	Annual Premium*
Age [1]	[Premium 1]	[Premium 4]
Age [2]	[Premium 2]	[Premium 5]
Age [3]	[Premium 3]	[Premium 6]

*\*Sample Base Rates: Rates are subject to change and vary by ZIP code.  
Lower rates may apply, if eligible.*

P.S. **For your free phone card** without additional Medicare supplement information, call 1-800-365-8208 or send a letter requesting the phone card with your name and address to Premier Senior Marketing, Inc., 1310 Andrews Drive, Norfolk, NE 68701.

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you receive Medicare benefits because of a disability, you may apply for a Plan A Medicare supplement insurance policy regardless of age. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return the attached information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning the attached form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186

(Detach Here)

## Information Request

Please tell me more about United of Omaha's Medicare supplement insurance policy:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you receive Medicare benefits because of a disability, you may apply for a Plan A Medicare supplement insurance policy regardless of age. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return this information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning this form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186-1

**Are you paying too much  
for your Medicare supplement?  
Finally, a potential price break for  
you and a free phone card!**

Regional Reply Office  
P.O. Box 2287  
Grapevine, TX 76099-9949

**You Could Save Hundreds of Dollars  
with Our Low Medicare Supplement  
Insurance Policy Rates**

AFN41186-1

FROM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



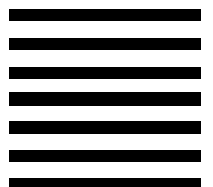
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 144 GRAPEVINE, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGIONAL REPLY OFFICE  
PO BOX 2287  
GRAPEVINE TX 76099-9949



# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## See what you could save!

United of Omaha Life Insurance Company's Medicare supplement insurance policies sold in your state are identical to other companies' plans, except for one thing: **Our premiums may be lower.**

For costs and details about United of Omaha's Medicare supplement insurance policies please complete and return the postage-paid Information Request below. I look forward to helping you.

Sincerely,

[agent's name]  
[phone number]  
[address]

### Compare what you're paying to United of Omaha's rates:

Plan [Name]	Monthly Premium*	Annual Premium*
	[Premium 1]	[Premium 4]
	[Premium 2]	[Premium 5]
	[Premium 3]	[Premium 6]

*\*Sample Base Rates: Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.*

P.S. **For your free phone card** without additional Medicare supplement information, call 1-800-365-8208 or send a letter requesting the phone card with your name and address to Premier Senior Marketing, Inc., 1310 Andrews Drive, Norfolk, NE 68701.

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return the attached information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning the attached form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186

(Detach Here)

## Information Request

Please tell me more about United of Omaha's Medicare supplement insurance policy:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return this information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning this form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186-1

**Are you paying too much  
for your Medicare supplement?**  
**Finally, a potential price break for  
you and a free phone card!**

Regional Reply Office  
P.O. Box 2287  
Grapevine, TX 76099-9949

**You Could Save Hundreds of Dollars  
with Our Low Medicare Supplement  
Insurance Policy Rates**

AFN41186-1

FROM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



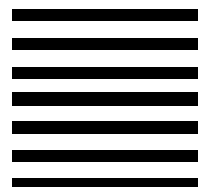
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 144 GRAPEVINE, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGIONAL REPLY OFFICE  
PO BOX 2287  
GRAPEVINE TX 76099-9949



<i>SERFF Tracking Number:</i>	<i>MUTM-125659242</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39045</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - AFN41186</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/AFN41186</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number:	MUTM-125659242	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	39045
Company Tracking Number:	SALLY HESS		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - AFN41186		
Project Name/Number:	Medicare Supplement Advertising/AFN41186		

## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Memorandum of Variability	Filed	06/18/2008
<b>Comments:</b>			
<b>Attachments:</b>			
AFN41186 (MoV) {AR Inquiry} - Annotated.pdf			
AFN41186 (MoV) - Clean.pdf			

# VARIABLE MATERIAL FOR ADVERTISING FORM

## AFN41186

*The following information in the aforementioned advertisement is bracketed to denote variable material.*

### Section

### **Rate Chart**

### Explanation

#### ~~Header Rows:~~

1. Input a plan approved in Arkansas

#### ~~Rows:~~

1. Column 1 - ~~Choose an age 65 or older~~
2. Columns 2 and 3 - Input corresponding rate for ~~the age, plans selected in Arkansas~~

# VARIABLE MATERIAL FOR ADVERTISING FORM

## AFN41186

*The following information in the aforementioned advertisement is bracketed to denote variable material.*

### Section

#### **Rate Chart**

### Explanation

1. Column 1 - Input a plan approved in Arkansas
2. Columns 2 and 3 - Input corresponding rate for plan selected.

<i>SERFF Tracking Number:</i>	<i>MUTM-125659242</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39045</i>
<i>Company Tracking Number:</i>	<i>SALLY HESS</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - AFN41186</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/AFN41186</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Memorandum of Variability	05/20/2008	AFN41186 (MoV).pdf
No original date	Form	Self-Mailer, Reply Card	05/20/2008	AFN41186.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## See what you could save!

United of Omaha Life Insurance Company's Medicare supplement insurance policies sold in your state are identical to other companies' plans, except for one thing: **Our premiums may be lower.**

For costs and details about United of Omaha's Medicare supplement insurance policies please complete and return the postage-paid Information Request below. I look forward to helping you.

Sincerely,

[agent's name]  
[phone number]  
[address]

### Compare what you're paying to United of Omaha's rates:

Plan [Name]	Monthly Premium*	Annual Premium*
Age [1]	[Premium 1]	[Premium 4]
Age [2]	[Premium 2]	[Premium 5]
Age [3]	[Premium 3]	[Premium 6]

*\*Sample Base Rates: Rates are subject to change and vary by ZIP code.  
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P.S. **For your free phone card** without additional Medicare supplement information, call 1-800-365-8208 or send a letter requesting the phone card with your name and address to Premier Senior Marketing, Inc., 1310 Andrews Drive, Norfolk, NE 68701.

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return the attached information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning the attached form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186

(Detach Here)

## Information Request

Please tell me more about United of Omaha's Medicare supplement insurance policy:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Neither United of Omaha Life Insurance Company, nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM4, UM5 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. For costs and complete details of coverage, return this information request form. An outline of coverage is available upon request.

**This letter is used for the solicitation of insurance. By returning this form you are requesting to have an insurance agent contact you. An insurance agent will contact you by telephone.**

AFN41186-1

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Regional Reply Office  
P.O. Box 2287  
Grapevine, TX 76099-9949

**You Could Save Hundreds of Dollars  
with Our Low Medicare Supplement  
Insurance Policy Rates**

AFN41186-1

FROM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



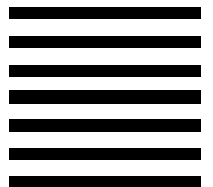
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 144 GRAPEVINE, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGIONAL REPLY OFFICE  
PO BOX 2287  
GRAPEVINE TX 76099-9949



## VARIABLE MATERIAL FOR ADVERTISING FORM AFN41186

*The following information in the aforementioned advertisement is bracketed to denote variable material.*

### Section

#### **Rate Chart**

### Explanation

Header Rows:

1. Input a plan approved in Arkansas

Rows:

1. Column 1 - Choose an age 65 or older
2. Columns 2 and 3 - Input corresponding rate for the age, plans selected in Arkansas